

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME AMANA REFRIGERATION, INC.AMANA, IOWA 52204EPA ID NO. I A D 0 0 0 6 1 0 4 3 6U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1991 Hazardous Waste Report

IDENTIFICATION AND  
CERTIFICATION

FEB 28 1992

FORM  
ICINSTRUCTIONS: Read the detailed instructions beginning on page 6 of the 1991 Hazardous Waste Report booklet before completing this form. **IOWA SECTION**SEC. I Site name and location address. Complete items A through H. Check the box ☒ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 6

A. EPA ID No. Same as label <input type="checkbox"/> or <u>I A D 0 0 0 6 1 0 4 3 6</u>		B. County <u>IOWA</u>	
C. Site/company name Same as label <input type="checkbox"/> or <u>AMANA REFRIGERATION, INC.</u>		D. Has the site name associated with this EPA ID changed since 1989? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name or other physical location description. Same as label <input type="checkbox"/> <u>HIGHWAY 220</u>			
F. City, town, village, etc. Same as label <input type="checkbox"/> <u>AMANA</u>		G. State Same as label <input type="checkbox"/> <u>I A</u>	H. Zip Code Same as label <input type="checkbox"/> <u>5 2 2 0 4 - 0 0 0 1</u>

SEC. II Mailing address of site. Instruction page 6

A. Is the mailing address the same as the location address? <input checked="" type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input type="checkbox"/> 2 No (GO TO BOX B)	
B. Number and street name of mailing address	
C. City, town, village, etc.	D. State <u>    </u>
E. Zip Code <u>    </u>	

SEC. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 6

A. Please print: Last name <u>CICERO</u>	First name <u>PETER</u>	M.I. <u>A</u>	B. Title <u>SUPERVISOR ENV. COMPLIANCE</u>	C. Telephone <u>3 1 9 6 2 2 - 2 9 0 6</u> Extension <u>    </u>
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SEC. IV Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site. Instruction page 7

A. <u>3 6 3 2</u>	B. <u>3 6 3 1</u>	C. <u>  N/A  </u>	D. <u>  N/A  </u>
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SEC. V "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print: Last name <u>PETERS</u>	First name <u>CHARLES</u>	M.I. <u>M</u>	B. Title <u>PRESIDENT</u>
C. Signature 			D. Date of signature <u>0 2</u> <u>2 7</u> <u>9 2</u> MO. DAY YR.



R00003066

RCRA Records Center

Page 1 of 18

OVER --&gt;

## Sec. VI - Generator Status

EPA ID NO.

I A D 0 0 0 6 1 0 4 3 6

## A. 1991 RCRA generator status

Instruction page 7

(CHECK ONE BOX BELOW)

- ☒ 1 LQG  
☐ 2 SQG (SKIP TO SEC. VII)  
☐ 3 CESQG  
☐ 4 Non generator (CONTINUE TO BOX B)

## B. Reason for not generating

Page 9

(CHECK ALL THAT APPLY)

- ☐ 1 Never generated  
☐ 2 Out of business  
☐ 3 Only excluded or delisted waste  
☐ 4 Only non-hazardous waste  
☐ 5 Periodic or occasional generator  
☐ 6 Waste minimization activity  
☐ 7 Other (SPECIFY COMMENTS IN BOX BELOW)

012.2

## Sec. VII - On-Site Waste Management Status

## A. RCRA permitted or interim status storage

Instruction page 10

1

## B. RCRA permitted or interim status treatment, disposal, or recycling

Page 10

1

## C. RCRA-exempt treatment, disposal, or recycling

Page 11

3

## Sec. VIII - Waste Minimization Activity during 1990 or 1991

A. Did this site begin or expand a source reduction activity during 1990 or 1991?

Instruction page 11

- ☒ 1 Yes  
☐ 2 No

B. Did this site begin or expand a recycling activity during 1990 or 1991?

Page 12

- ☐ 1 Yes  
☒ 2 No

C. Did this site systematically investigate opportunities for source reduction or recycling during 1990 or 1991?

Page 12

- ☒ 1 Yes  
☐ 2 No

D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1990 or 1991?

Page 12

(CHECK YES OR NO FOR EACH ITEM)

Yes No

- ☐ 1 ☒ 2 a. Insufficient capital to install new source reduction equipment or implement new source reduction practices  
☒ 1 ☐ 2 b. Lack of technical information on source reduction techniques applicable to the specific production processes  
☐ 1 ☒ 2 c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment  
☒ 1 ☐ 2 d. Concern that product quality may decline as a result of source reduction  
☒ 1 ☐ 2 e. Technical limitations of the production processes  
☐ 1 ☒ 2 f. Permitting burdens  
☒ 1 ☐ 2 g. Source reduction previously implemented -- additional reduction does not appear to be technically feasible  
☐ 1 ☒ 2 h. Source reduction previously implemented - additional reduction does not appear to be economically feasible  
☐ 1 ☒ 2 i. Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements  
☐ 1 ☒ 2 j. Other (SPECIFY COMMENTS IN BOX BELOW)

E. Did any of the factors listed below delay or limit this site's ability to initiate new or additional on-site or off-site recycling activities during 1990 or 1991?

Page 12

(CHECK YES OR NO FOR EACH ITEM)

Yes No

- ☐ 1 ☒ 2 a. Insufficient capital to install new recycling equipment or implement new recycling practice  
☒ 1 ☐ 2 b. Lack of technical information on recycling techniques applicable to this site's specific production processes  
☒ 1 ☐ 2 c. Recycling is not economically feasible: cost savings in waste management or production will not recover the capital investment  
☒ 1 ☐ 2 d. Concern that product quality may decline as a result of recycling  
☐ 1 ☒ 2 e. Requirements to manifest wastes inhibit shipments off site for recycling  
☐ 1 ☒ 2 f. Financial liability provisions inhibit shipments off site for recycling  
☒ 1 ☐ 2 g. Technical limitations of production processes inhibit shipments off site for recycling  
☒ 1 ☐ 2 h. Technical limitations of production processes inhibit on-site recycling  
☐ 1 ☒ 2 i. Permitting burdens inhibit recycling  
☐ 1 ☒ 2 j. Lack of permitted off-site recycling facilities  
☒ 1 ☐ 2 k. Unable to identify a market for recyclable materials  
☒ 1 ☐ 2 l. Recycling previously implemented -- additional recycling does not appear to be technically feasible  
☐ 1 ☒ 2 m. Recycling previously implemented -- additional recycling does not appear to be economically feasible  
☐ 1 ☒ 2 n. Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements  
☐ 1 ☒ 2 o. Other (SPECIFY COMMENTS IN BOX BELOW)

Comments:

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AMANA IOWA 52204

EPA ID NO. I A D 0 0 0 6 1 0 4 3 6



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1991 Hazardous Waste Report

012.3

WASTE GENERATION AND  
MANAGEMENT

FORM  
GM

**INSTRUCTIONS:** Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec.  
I

A. Waste description  
Instruction Page 15 Chrome seal and rinse treatment prior to paint,  
mixture of chrome and water

B. EPA hazardous waste code  
Page 15

D 0 0 7 N/A  
N/A N/A N/A

C. State hazardous waste code  
Page 15

N/A N/A

D. SIC code  
Page 16

3 6 3 2

E. Origin code  
Page 16

1

System type M N/A

F. Source code  
Page 17

A 2 9

G. Point of measurement  
Page 17

1

H. Form code  
Page 17

B 1 0 3

I. RCRA-radioactive mixed  
Page 17

2

J. Reported TRI constituent  
Page 18

3

K. CAS numbers  
Page 18

1. 7 4 4 0 - 4 7 - 3 2. N/A  
3. N/A 4. N/A 5. N/A

Sec.  
II

A. Quantity generated in 1990  
Instruction Page 18

6 3 4 2 0 0 0 . 0

B. Quantity generated in 1991  
Page 18

7 5 3 9 3 6 0 . 0

C. UOM Density  
Page 19

5 8 3 4  
☒ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this  
waste: treat on site, dispose on site, recycle  
on site, or discharge to a sewer/POTW?  
Page 19

☒ 1 Yes (CONTINUE TO SYSTEM 1)  
☐ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1

On-site system type  
Page 19

M 0 7 1

Quantity treated, disposed or recycled on site in 1991

7 5 3 9 3 6 0 . 0

ON-SITE SYSTEM 2

On-site system type  
Page 19

M N/A

Quantity treated, disposed or recycled on site in 1991

N/A

Sec.  
III

A. Was any of this waste shipped off site in 1991?  
Instruction Page 20

☐ 1 Yes (CONTINUE TO BOX B)  
☒ 2 No (SKIP TO SEC. IV)

Site  
1

B. EPA ID No. of facility waste was shipped to  
Page 20

               

C. System type shipped to  
Page 20

M      

D. Off-site availability code  
Page 21

 

E. Total quantity shipped in 1991  
Page 21

   

Site  
2

B. EPA ID No. of facility waste was shipped to  
Page 20

               

C. System type shipped to  
Page 20

M      

D. Off-site availability code  
Page 21

 

E. Total quantity shipped in 1991  
Page 21

   

Sec.  
IV

A. Did new activities in 1991 result in minimization of this waste?  
Instruction Page 22

☐ 1 Yes (CONTINUE TO BOX B)  
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity  
Page 22

W    
W  

C. Other effects  
Page 22

☐ 1 Yes  
☐ 2 No

D. Quantity recycled in 1991 due to new activities  
Page 23

   

E. Activity/production index  
Page 23

   

F. 1991 Source reduction quantity  
Page 24

   

Comments: Reference Section 1, Box D, 3631  
Reference Section 1, Box F, Chrome seal prior to paint and associated rinse

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AMANA IOWA 52204

EPA ID NO. I A D 0 0 0 6 1 0 4 3 6



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1991 Hazardous Waste Report

FORM  
GM

012.4  
WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description Instruction Page 15 Waste sodium chloride solid from paint stripping in the paint department, Corrosive solid, mixture of paint pigments and sodium chloride

B. EPA hazardous waste code Page 15 <u>D 0 0 2</u> <u>N/A</u> <u>N/A</u> <u>N/A</u> <u>N/A</u>		C. State hazardous waste code Page 15 <u>N/A</u> <u>  </u> <u>  </u> <u>  </u>			
D. SIC code Page 16 <u>3 6 3 2</u>	E. Origin code Page 16 <u>1</u> System type: <u>M</u> <u>N/A</u>	F. Source code Page 17 <u>A 0 1</u>	G. Point of measurement Page 17 <u>1</u>	H. Form code Page 17 <u>B 3 1 9</u>	I. RCRA-radioactive mixed Page 17 <u>2</u>
J. Reported TRI constituent Page 18 <u>2</u>		K. CAS numbers Page 18 1. <u>7 6 4 7</u> - <u>1 4</u> - <u>1 5</u> 2. <u>7 6 3 1</u> - <u>9 9</u> - <u>4</u> 3. <u>1 3 1 0</u> - <u>7 3</u> - <u>2</u> 4. <u>4 9 7</u> - <u>1 9</u> - <u>8</u> 5. <u>7 7 5 7</u> - <u>8 2</u> - <u>6</u>			

Sec. II A. Quantity generated in 1990 Instruction Page 18 <u>1 0 1 3 3 2</u> . <u>0</u>	B. Quantity generated in 1991 Page 18 <u>1 0 5 6 4 4</u> . <u>0</u>	C. UOM Page 19 Density <u>1</u> <u>  </u> . <u>  </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 19 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)
--	--	--	--

ON-SITE SYSTEM 1 On-site system type Page 19 <u>M 0 7 7</u> Quantity treated, disposed or recycled on site in 1991 <u>1 0 5 6 4 4</u> . <u>0</u>		ON-SITE SYSTEM 2 On-site system type Page 19 <u>M</u> <u>N/A</u> Quantity treated, disposed or recycled on site in 1991 <u>N/A</u> <u>  </u> <u>  </u> <u>  </u> . <u>  </u>	
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Sec. III A. Was any of this waste shipped off site in 1991? Instruction Page 20  
☐ 1 Yes (CONTINUE TO BOX B)  
☒ 2 No (SKIP TO SEC. IV)

Site 1 B. EPA ID No. of facility waste was shipped to Page 20 <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u>	C. System type shipped to Page 20 <u>M</u> <u>  </u> <u>  </u>	D. Off-site availability code Page 21 <u>  </u>	E. Total quantity shipped in 1991 Page 21 <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> . <u>  </u>
Site 2 B. EPA ID No. of facility waste was shipped to Page 20 <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u>	C. System type shipped to Page 20 <u>M</u> <u>  </u> <u>  </u>	D. Off-site availability code Page 21 <u>  </u>	E. Total quantity shipped in 1991 Page 21 <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> . <u>  </u>

Sec. IV A. Did new activities in 1991 result in minimization of this waste? Instruction Page 22  
☐ 1 Yes (CONTINUE TO BOX B)  
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 22 <u>W</u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>W</u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u>	C. Other effects Page 22 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1991 due to new activities Page 23 <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> . <u>  </u>	E. Activity/production index Page 23 <u>  </u> . <u>  </u>	F. 1991 Source reduction quantity Page 24 <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> . <u>  </u>
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Comments: Reference Section 1, Box D, 3631  
reference sec. 1, Box H paint stripping salts

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AMANA IOWA 52204

EPA ID NO. I A D 0 0 0 6 1 0 4 3 6



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1991 Hazardous Waste Report

012.5

WASTE GENERATION AND  
MANAGEMENT

FORM  
GM

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec.  
I

A. Waste description  
Instruction Page 15 Waste methylene chloride from cleaning urethane foaming equipment

B. EPA hazardous waste code  
Page 15

F 0 0 2 N/A

N/A N/A N/A

C. State hazardous waste code  
Page 15

N/A N/A

D. SIC code  
Page 16

3 6 3 2

E. Origin code  
Page 16

1

System type M N/A

F. Source code  
Page 17

A 5 8

G. Point of measurement  
Page 17

1

H. Form code  
Page 17

B 2 0 2

I. RCRA-radioactive mixed  
Page 17

2

J. Reported TRI constituent  
Page 18

2

K. CAS numbers  
Page 18

1. 7 5 0 9 2 2. N/A

3. N/A 4. N/A 5. N/A

Sec.  
II

A. Quantity generated in 1990  
Instruction Page 18

1 9 7 5 0 0

B. Quantity generated in 1991  
Page 18

6 5 0 0

C. UOM  
Page 19

1

1 1 0 0  
☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW?  
Page 19

☐ 1 Yes (CONTINUE TO SYSTEM 1)  
☒ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1

On-site system type  
Page 19

M

Quantity treated, disposed or recycled on site in 1991

1 9 7 5 0 0

ON-SITE SYSTEM 2

On-site system type  
Page 19

M

Quantity treated, disposed or recycled on site in 1991

1 9 7 5 0 0

Sec.  
III

A. Was any of this waste shipped off site in 1991?  
Instruction Page 20

☒ 1 Yes (CONTINUE TO BOX B)  
☐ 2 No (SKIP TO SEC. IV)

Site  
1

B. EPA ID No. of facility waste was shipped to  
Page 20

W I D 0 0 0 8 0 8 8 2 4

C. System type shipped to  
Page 20

M 0 2 9

D. Off-site availability code  
Page 21

1

E. Total quantity shipped in 1991  
Page 21

1 9 7 5 0 0

Site  
2

B. EPA ID No. of facility waste was shipped to  
Page 20

N/A

C. System type shipped to  
Page 20

M

D. Off-site availability code  
Page 21

1

E. Total quantity shipped in 1991  
Page 21

1 9 7 5 0 0

Sec.  
IV

A. Did new activities in 1991 result in minimization of this waste?  
Instruction Page 22

☒ 1 Yes (CONTINUE TO BOX B)  
☐ 2 No (THIS FORM IS COMPLETE)

B. Activity  
Page 22

W 4 2 W N/A

W N/A W N/A

C. Other effects  
Page 22

☐ 1 Yes  
☒ 2 No

D. Quantity recycled in 1991 due to new activities  
Page 23

6 5 0 0

E. Activity/production index  
Page 23

1 2

F. 1991 Source reduction quantity  
Page 24

1 1 0 5 0 0

Comments: Reference Section 1, Box D, 3631

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AMANA IOWA 52204

EPA ID NO. I A D 0 0 0 6 1 0 4 3 6



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1991 Hazardous Waste Report

012.6  
WASTE GENERATION AND  
MANAGEMENT

FORM  
GM

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec. I	A. Waste description Instruction Page 15 Spent solvent from degreasing operation. 1,1,1 Trichloroethane				
B. EPA hazardous waste code Page 15 <u>F 0 0 1</u> <u>N/A</u> <u>N/A</u> <u>N/A</u> <u>N/A</u>		C. State hazardous waste code Page 15 <u>N/A</u> <u>N/A</u>			
D. SIC code Page 16 <u>3 6 3 2</u>	E. Origin code Page 16 <u>1</u> System type <u>M</u> <u>N/A</u>	F. Source code Page 17 <u>A 1 9</u>	G. Point of measurement Page 17 <u>1</u>	H. Form code Page 17 <u>B 2 0 2</u>	
I. RCRA-radioactive mixed Page 17 <u>2</u>		J. Reported TRI constituent Page 18 <u>3</u>			
K. CAS numbers Page 18 1. <u>7 1 - 5 5 - 6</u> 2. <u>N/A</u> 3. <u>N/A</u> 4. <u>N/A</u> 5. <u>N/A</u>					

Sec. II	A. Quantity generated in 1990 instruction Page 18 <u>2 3 7 5 0</u>	B. Quantity generated in 1991 Page 18 <u>5 2 2 5 0</u>	C. UOM Page 19 <u>1</u> Density <u>1</u> lbs/gal <u>2</u> sg	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 19 <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE SYSTEM 1 On-site system type Page 19 <u>M</u>		ON-SITE SYSTEM 2 On-site system type Page 19 <u>M</u>		

Sec. III	A. Was any of this waste shipped off site in 1991? Instruction Page 20 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC. IV)			
Site 1	B. EPA ID No. of facility waste was shipped to Page 20 <u>I N D</u> <u>0 1 6</u> <u>6 2 1</u> <u>4 7 6</u>	C. System type shipped to Page 20 <u>M 0 2 1</u>	D. Off-site availability code Page 21 <u>1</u>	E. Total quantity shipped in 1991 Page 21 <u>3 8 0 0 0</u>
Site 2	B. EPA ID No. of facility waste was shipped to Page 20 <u>W I D</u> <u>0 0 0</u> <u>8 0 8</u> <u>8 2 4</u>	C. System type shipped to Page 20 <u>M 0 2 1</u>	D. Off-site availability code Page 21 <u>1</u>	E. Total quantity shipped in 1991 Page 21 <u>9 5 0 0 0</u>

Sec. IV	A. Did new activities in 1991 result in minimization of this waste? Instruction Page 22 <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)			
B. Activity Page 22 <u>W</u> <u>W</u> <u>W</u> <u>W</u>	C. Other effects Page 22 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1991 due to new activities Page 23 <u>                    </u>	E. Activity/production index Page 23 <u>          </u>	F. 1991 Source reduction quantity Page 24 <u>                    </u>

Comments: Reference Section 1, Box D, 3631

Page 7 of 18



EPA ID NO. | I | A | D | | 0 | 0 | 0 | | 6 | 1 | 0 | | 4 | 3 | 6 |



**FORM**  
**GM**

## WASTE GENERATION AND MANAGEMENT

012.9

2026.3

Page 9 of 18

Page 10 of 18

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U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1991 Hazardous Waste Report

*012.11*  
WASTE GENERATION AND  
MANAGEMENT

FORM  
GM

**INSTRUCTIONS:** Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

<b>Sec. I</b>	<b>A. Waste description</b> Instruction Page 15 SOLID FROM URETHENE FOAMING OF REFRIGERATORS, POISON B, TOLUENE DIISOCYANATE SOLID				
<b>B. EPA hazardous waste code</b> Page 15 <u>U 2 2 3</u> <u>N/A</u> <u>N/A</u> <u>N/A</u> <u>N/A</u>		<b>C. State hazardous waste code</b> Page 15 <u>N/A</u> <u>N/A</u>			
<b>D. SIC code</b> Page 16 <u>3 6 3 2</u>	<b>E. Origin code</b> Page 16 <u>1</u> System type <u>M</u> <u>N/A</u>	<b>F. Source code</b> Page 17 <u>A 3 2</u>	<b>G. Point of measurement</b> Page 17 <u>1</u>	<b>H. Form code</b> Page 17 <u>B 3 1 0</u>	
<b>I. RCRA-radioactive mixed</b> Page 17 <u>2</u>		<b>J. Reported TRI constituent</b> Page 18 <u>2</u>			
<b>K. CAS numbers</b> Page 18 1. <u>2 6 4 7 1</u> - <u>6 2</u> - <u>5</u> 2. <u>N/A</u> - <u>   </u> - <u>   </u> 3. <u>N/A</u> - <u>   </u> - <u>   </u> 4. <u>N/A</u> - <u>   </u> - <u>   </u> 5. <u>N/A</u> - <u>   </u> - <u>   </u>					

<b>Sec. II</b>	<b>A. Quantity generated in 1990</b> Instruction Page 18 <u>   </u> <u>3 6 4 5</u> <u>0</u>	<b>B. Quantity generated in 1991</b> Page 18 <u>   </u> <u>1 6 0 0</u> <u>0</u>	<b>C. UOM</b> Page 19 <u>1</u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	<b>D. Did this site do any of the following to this waste:</b> treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 19 <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
<b>ON-SITE SYSTEM 1</b> On-site system type Page 19 <u>M</u> Quantity treated, disposed or recycled on site in 1991 <u>   </u> <u>   </u> <u>   </u> <u>   </u> <u>   </u> <u>   </u> <u>   </u> <u>   </u> <u>   </u> <u>   </u>		<b>ON-SITE SYSTEM 2</b> On-site system type Page 19 <u>M</u> Quantity treated, disposed or recycled on site in 1991 <u>   </u> <u>   </u> <u>   </u> <u>   </u> <u>   </u> <u>   </u> <u>   </u> <u>   </u> <u>   </u> <u>   </u>		

<b>Sec. III</b>	<b>A. Was any of this waste shipped off site in 1991?</b> Instruction Page 20 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC. IV)			
<b>Site 1</b>	<b>B. EPA ID No. of facility waste was shipped to</b> Page 20 <u>I N D</u> <u>0 1 6</u> <u>6 2 1</u> <u>4 7 6</u>	<b>C. System type shipped to</b> Page 20 <u>M</u> <u>0 6 1</u>	<b>D. Off-site availability code</b> Page 21 <u>1</u>	<b>E. Total quantity shipped in 1991</b> Page 21 <u>   </u> <u>   </u> <u>   </u> <u>6 0 0</u> <u>0</u>
<b>Site 2</b>	<b>B. EPA ID No. of facility waste was shipped to</b> Page 20 <u>L A D</u> <u>0 1 0</u> <u>3 9 5</u> <u>1 2 7</u>	<b>C. System type shipped to</b> Page 20 <u>M</u> <u>0 4 3</u>	<b>D. Off-site availability code</b> Page 21 <u>1</u>	<b>E. Total quantity shipped in 1991</b> Page 21 <u>   </u> <u>   </u> <u>   </u> <u>9 0 0</u> <u>0</u>

<b>Sec. IV</b>	<b>A. Did new activities in 1991 result in minimization of this waste?</b> Instruction Page 22 <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)				
<b>B. Activity</b> Page 22 <u>W</u> <u>   </u> <u>W</u> <u>   </u> <u>W</u> <u>   </u> <u>W</u> <u>   </u>	<b>C. Other effects</b> Page 22 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<b>D. Quantity recycled in 1991 due to new activities</b> Page 23 <u>   </u> <u>   </u> <u>   </u> <u>   </u> <u>   </u> <u>   </u> <u>   </u> <u>   </u> <u>   </u> <u>   </u>	<b>E. Activity/production index</b> Page 23 <u>   </u> <u>   </u> <u>   </u> <u>   </u>	<b>F. 1991 Source reduction quantity</b> Page 24 <u>   </u> <u>   </u> <u>   </u> <u>   </u> <u>   </u> <u>   </u> <u>   </u> <u>   </u> <u>   </u> <u>   </u>	

Comments: Reference Section 1, Box D, 3631  
Reference Section I, Box F, A53

Page 12 of 18

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME AMANA REFRIGERATION, INC.

AMANA IOWA 52204

EPA ID NO. I A D 0 0 0 6 1 0 4 3 6



U.S. ENVIRONMENTAL PROTECTION AGENCY

1991 Hazardous Waste Report

012 a13

FORM  
GM

WASTE GENERATION AND  
MANAGEMENT

**INSTRUCTIONS:** Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description  
Instruction Page 15

FLAMMABLE SOLID FROM CLEANING OF PAINT SILK SCREENING IN PLASTIC PART PRODUCTION; SOLVENT SOAK RAGS

B. EPA hazardous waste code  
Page 15

D 0 0 1 N/A  
N/A N/A N/A

C. State hazardous waste code  
Page 15

N/A N/A

D. SIC code  
Page 16

3 6 3 2

E. Origin code  
Page 16

1

System type M N/A

F. Source code  
Page 17

A 2 1

G. Point of measurement  
Page 17

1

H. Form code  
Page 17

B 4 0 9

I. RCRA-radioactive mixed  
Page 17

2

J. Reported TRI constituent  
Page 18

3

K. CAS numbers  
Page 18

1. 1 0 8 - 8 8 - 3 2. 1 3 3 0 - 2 0 - 7

3. N/A -  -  4. N/A -  -  5. N/A -  -

Sec. II

A. Quantity generated in 1990  
Instruction Page 18

8 7 0 4 • 0

B. Quantity generated in 1991  
Page 18

3 1 2 8 • 0

C. UOM Density  
Page 19

1 •   
☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW?  
Page 19

☐ 1 Yes (CONTINUE TO SYSTEM 1)  
☒ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1

On-site system type  
Page 19

M

Quantity treated, disposed or recycled on site in 1991

•

ON-SITE SYSTEM 2

On-site system type  
Page 19

M

Quantity treated, disposed or recycled on site in 1991

•

Sec. III

A. Was any of this waste shipped off site in 1991?  
Instruction Page 20

☒ 1 Yes (CONTINUE TO BOX B)  
☐ 2 No (SKIP TO SEC. IV)

Site 1

B. EPA ID No. of facility waste was shipped to  
Page 20

I N D 0 1 6 6 2 1 4 7 6

C. System type shipped to  
Page 20

M 0 6 1

D. Off-site availability code  
Page 21

1

E. Total quantity shipped in 1991  
Page 21

2 2 4 4 • 0

Site 2

B. EPA ID No. of facility waste was shipped to  
Page 20

W I D 0 0 0 8 0 8 8 2 4

C. System type shipped to  
Page 20

M 0 6 1

D. Off-site availability code  
Page 21

1

E. Total quantity shipped in 1991  
Page 21

2 7 2 • 0

Sec. IV

A. Did new activities in 1991 result in minimization of this waste?  
Instruction Page 22

☐ 1 Yes (CONTINUE TO BOX B)  
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity  
Page 22

W  W   
W  W

C. Other effects  
Page 22

☐ 1 Yes  
☐ 2 No

D. Quantity recycled in 1991 due to new activities  
Page 23

•

E. Activity/production index  
Page 23

•

F. 1991 Source reduction quantity  
Page 24

•

Comments: REFERENCE SECTION 1, BOX D, 3631  
REFERENCE SECTION I, BOX H, RAGS SOAKED WITH NON-HALOGENATED SOLVENT

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME

AMANA REFRIGERATION, INC

AMANA IOWA 52204

EPA ID NO.

I A D 0 0 0 6 1 0 4 3 6



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1991 Hazardous Waste Report

WASTE GENERATION AND  
MANAGEMENT

FORM  
GM

012.14

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec. I	A. Waste description Instruction Page 15 LAB PACKED WASTE				
B. EPA hazardous waste code Page 15 D 0 0 1 D 0 0 7 U 0 0 2 U 0 5 7 U 1 3 1 9		C. State hazardous waste code Page 15 N/A N/A			
D. SIC code Page 16 3 6 3 2	E. Origin code Page 16 1 System type M N/A	F. Source code Page 17 A 5 8	G. Point of measurement Page 17 2	H. Form code Page 17 B 1 0 1 3	
I. RCRA-radioactive mixed Page 17 2		J. Reported TRI constituent Page 18 1 8			
K. CAS numbers Page 18 1. N/A 2. N/A 3. N/A 4. N/A 5. N/A					

Sec. II	A. Quantity generated in 1990 Instruction Page 18 8 1 5 0	B. Quantity generated in 1991 Page 18 2 4 8 9 0	C. UOM Density Page 19 1 lbs/gal 2 sg	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 19 <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE SYSTEM 1 On-site system type Page 19 M		ON-SITE SYSTEM 2 On-site system type Page 19 M		

Sec. III	A. Was any of this waste shipped off site in 1991? Instruction Page 20 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC. IV)			
Site 1	B. EPA ID No. of facility waste was shipped to Page 20 T X D 0 5 5 1 4 1 3 7 8	C. System type shipped to Page 20 M 0 4 9	D. Off-site availability code Page 21 1	E. Total quantity shipped in 1991 Page 21 2 4 8 9 0
Site 2	B. EPA ID No. of facility waste was shipped to Page 20 N/A	C. System type shipped to Page 20 M	D. Off-site availability code Page 21	E. Total quantity shipped in 1991 Page 21

Sec. IV	A. Did new activities in 1991 result in minimization of this waste? Instruction Page 22 <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)				
B. Activity Page 22 W W W W	C. Other effects Page 22 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1991 due to new activities Page 23	E. Activity/production index Page 23	F. 1991 Source reduction quantity Page 24	

Comments: REFERENCE SECTION 1, BOX D, 3631

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME AMANA REFRIGERATION, INC

AMANA IOWA 52204

EPA ID NO. I I A I D 0 0 0 6 1 0 4 3 6



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1991 Hazardous Waste Report

012,15

WASTE TREATMENT, DISPOSAL,  
OR RECYCLING PROCESS  
SYSTEMS

FORM  
PS

INSTRUCTIONS: Read the detailed instructions beginning on page 32 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec.  
I

A. Waste treatment, disposal or recycling system description  
Instruction Page 38

CHROME REDUCTION OF D007 RINSE WATER WITH CHEMICAL PRECIPITATION

B. System type  
Page 38

M 0 7 1

C. Regulatory status  
Page 38

0 2

D. Operational status  
Page 39

0 1

E. Unit types  
Page 39

0 1

Sec.  
II

A. 1991 influent quantity  
Instruction Page 40

UOM Density

Total 7 5 3 9 3 6 0 0 5 8 3 4

RCRA 7 5 3 9 3 6 0 0 ☒ 1 lbs/gal ☐ 2 sg

B. Maximum operational capacity  
Page 41

Total 9 6 5 0 3 8 0 8

RCRA 9 6 5 0 3 8 0 8

C. 1991 liquid effluent quantity  
Page 42

UOM Density

Total 7 5 3 9 3 6 0 0 5 8 3 4

RCRA 0 0 0 0 ☒ 1 lbs/gal ☐ 2 sg

D. 1991 solid/sludge residual quantity  
Page 43

UOM Density

Total 3 6 3 9 2

RCRA 0 0 0 ☐ 1 lbs/gal ☐ 2 sg

E. Limitations on maximum operational capacity  
Page 44

1. 0 4 2. 0 5 3. 0 7

F. Commercial capacity availability code  
Page 44

1

G. Percent capacity commercially available  
Page 45

0 %

Sec.  
III

A. Planned change in maximum operational capacity  
Instruction Page 45

- ☒ 1 Yes (CONTINUE TO BOX B)  
☐ 2 No (THIS FORM IS COMPLETE)

B. New maximum operational capacity  
Page 45

UOM

Total D K

RCRA 0

C. Planned year of change  
Page 46

1 9 9 2

D. Future commercial capacity availability code  
Page 46

1

E. Percent future capacity commercially available  
Page 46

0 %

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME AMANA REFRIGERATION, INC.

AMANA IOWA 52204

EPA ID NO.

I A D 0 0 0 6 1 0 4 3 6



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1991 Hazardous Waste Report

012,16

WASTE TREATMENT, DISPOSAL,  
OR RECYCLING PROCESS  
SYSTEMS

FORM  
PS

INSTRUCTIONS: Read the detailed instructions beginning on page 32 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec.  
I

A. Waste treatment, disposal or recycling system description  
Instruction Page 38

NEUTRALIZATION OF SODIUM CHLORIDE

B. System type  
Page 38

M 1 2 1 1

C. Regulatory status  
Page 38

0 2

D. Operational status  
Page 39

0 1

E. Unit types  
Page 39

0 1   

Sec.  
II

A. 1991 influent quantity  
Instruction Page 40

UOM Density

Total    1 0 5 6 4 4 • 0 1    •   

RCRA    1 0 5 6 4 4 • 0 ☐ 1 lbs/gal ☐ 2 sg

B. Maximum operational capacity  
Page 41

Total    2 0 2 6 6 4 • 0

RCRA    2 0 2 6 6 4 • 0

C. 1991 liquid effluent quantity  
Page 42

UOM Density

Total    1 0 5 6 6 4 • 0 1    •   

RCRA       0 0 • 0 ☐ 1 lbs/gal ☐ 2 sg

D. 1991 solid/sludge residual quantity  
Page 43

UOM Density

Total       3 6 3 • 9 2    •   

RCRA       0 0 • 0 ☐ 1 lbs/gal ☐ 2 sg

E. Limitations on maximum operational capacity  
Page 44

1. 0 4 2. 0 5 3. 0 7

F. Commercial capacity availability code  
Page 44

1

G. Percent capacity commercially available  
Page 45

   0 %

Sec.  
III

A. Planned change in maximum operational capacity  
Instruction Page 45

- ☐ 1 Yes (CONTINUE TO BOX B)  
☒ 2 No (THIS FORM IS COMPLETE)

B. New maximum operational capacity  
Page 45

UOM

Total          •      

RCRA          •      

C. Planned year of change  
Page 46

1 9      

D. Future commercial capacity availability code  
Page 46

  

E. Percent future capacity commercially available  
Page 46

      %

Comments:

EPA ID NO. I A D 0 0 0 6 1 0 4 3 6



**U.S. ENVIRONMENTAL  
PROTECTION AGENCY**

1991 Hazardous Waste Report

## OFF-SITE IDENTIFICATION

012.17

**FORM**

01

**INSTRUCTIONS:** Read the detailed instructions on the back of this page before completing this form.

<b>Site 1</b>	A. EPA ID No. of off-site installation or transporter IND 980590947	B. Name of off-site installation or transporter INDUSTRIAL FUELS & RESOURCES
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of off-site installation Street 604 S. SCOTT STREET City SOUTH BEND State IN Zip Code 46625	
<b>Site 2</b>	A. EPA ID No. of off-site installation or transporter IND 016621476	B. Name of off-site installation or transporter ASHLAND CHEMICAL INC.
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of off-site installation Street 1817 W. INDIANA AVENUE City SOUTH BEND State IN Zip Code 46613	
<b>Site 3</b>	A. EPA ID No. of off-site installation or transporter DED 981110166	B. Name of off-site installation or transporter MATLACK INC.
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip Code _____	
<b>Site 4</b>	A. EPA ID No. of off-site installation or transporter MND 006963318	B. Name of off-site installation or transporter INDIANHEAD TRUCK
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip Code _____	
<b>Site 5</b>	A. EPA ID No. of off-site installation or transporter WID 000808824	B. Name of off-site installation or transporter AVGANIC INDUSTRIES
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of off-site installation Street 114 NORTH MAIN STREET City COTTAGE GROVE State WI Zip Code 53152	

**Comments:**

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME AMANA REFRIGERATION, INC  
AMANA IOWA 52204

EPA ID NO. I A D 0 0 0 6 1 0 4 3 6



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1991 Hazardous Waste Report

OFF-SITE IDENTIFICATION

FORM

OI

012.18

INSTRUCTIONS: Read the detailed instructions on the back of this page before completing this form.

<b>Site 1</b>	A. EPA ID No. of off-site installation or transporter <u>M N D 0 2 2 9 6 9 0 2 6</u>	B. Name of off-site installation or transporter <u>DAHLEN TRANSPORT INC.</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street _____ City _____ State _____ Zip Code _____
<b>Site 2</b>	A. EPA ID No. of off-site installation or transporter <u>T X D 0 5 5 1 4 1 3 7 8</u>	B. Name of off-site installation or transporter <u>ROLLINS ENVIRONMENTAL SERVICES (TX), INC.</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR		D. Address of off-site installation Street <u>2027 BATTLEGROUND ROAD</u> City <u>DEER PARK</u> State <u>T X</u> Zip Code <u>7 7 5 3 6</u> - _____
<b>Site 3</b>	A. EPA ID No. of off-site installation or transporter <u>I A T 2 0 0 0 1 0 5 9 3</u>	B. Name of off-site installation or transporter <u>HYDRITE CHEMICAL COMPANY</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street _____ City _____ State _____ Zip Code _____
<b>Site 4</b>	A. EPA ID No. of off-site installation or transporter <u>P A D 0 0 8 7 8 1 0 7 2</u>	B. Name of off-site installation or transporter <u>JOHN PFROMMER INC.</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street _____ City _____ State _____ Zip Code _____
<b>Site 5</b>	A. EPA ID No. of off-site installation or transporter <u>L A D 0 1 0 3 9 5 1 2 7</u>	B. Name of off-site installation or transporter <u>ROLLINS ENVIRONMENTAL SERVICES (LA) INC.</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR		D. Address of off-site installation Street <u>SCENIC HIGHWAY</u> City <u>BATON ROUGE</u> State <u>L A</u> Zip Code <u>7 0 8 0 7</u> - _____

Comments:

**INSTRUCTIONS FOR COMPLETING  
FORM OI - OFF-SITE IDENTIFICATION**

---

**WHO MUST COMPLETE THIS FORM?**

Sites required to file the 1991 Hazardous Waste Report must complete Form OI if:

- Form OI is required by your State AND
  - The site received hazardous waste from off-site or shipped hazardous waste off site during 1991.
- 

**PURPOSE OF THIS FORM**

Form OI documents the names and addresses of off-site installations and transporters.

**HOW TO COMPLETE THIS FORM**

Form OI is divided into five identical parts. You must complete one part for each off-site installation to which you shipped hazardous waste, each off-site installation from which you received hazardous waste, and each transporter you used during 1991. If these off-site installations and transporters total more than five, you must photocopy and complete additional copies of the form. You do not need to report the address, Box D, for transporters.

Throughout the form, enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable. Use the Comments section at the bottom of the form to clarify or continue any entry. Reference the comment by entering the site number and box letter.

**ITEM-BY-ITEM INSTRUCTIONS**

Complete Boxes A through D for each off-site installation to which you shipped hazardous waste and each off-site installation from which you received hazardous waste during 1991.

Complete Boxes A through C for each transporter you used during the year.

**Box A:** EPA ID No. of off-site installation or transporter

Enter the 12-digit EPA ID number of the off-site installation to which you shipped hazardous waste or from which you received hazardous waste. Or, enter the EPA ID number of the transporter who shipped hazardous waste to or from your site. Each EPA ID should appear only once. If the off-site installation or transporter did not have an EPA ID number during 1991, enter "NA" in Box A.

**Box B:** Name of off-site installation or transporter

Enter the name of the off-site installation or transporter reported in Box A.

**Box C:** Site Type

Check all boxes that apply to describe the handler type of the off-site installation or transporter reported in Box A.

**Box D:** Address of off-site installation

Enter the address of the off-site installation reported in Box A. If the EPA ID number reported in Box A refers to a transporter, enter "NA" in Box D.

## INSTRUCTIONS FOR COMPLETING FORM OI - OFF-SITE IDENTIFICATION

---

### WHO MUST COMPLETE THIS FORM?

Sites required to file the 1991 Hazardous Waste Report must complete Form OI if:

- Form OI is required by your State AND
  - The site received hazardous waste from off-site or shipped hazardous waste off site during 1991.
- 

### PURPOSE OF THIS FORM

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Form OI is divided into five identical parts. You must complete one part for each off-site installation to which you shipped hazardous waste, each off-site installation from which you received hazardous waste, and each transporter you used during 1991. If these off-site installations and transporters total more than five, you must photocopy and complete additional copies of the form. You do not need to report the address, Box D, for transporters.

Throughout the form, enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable. Use the Comments section at the bottom of the form to clarify or continue any entry. Reference the comment by entering the site number and box letter.

### ITEM-BY-ITEM INSTRUCTIONS

Complete Boxes A through D for each off-site installation to which you shipped hazardous waste and each off-site installation from which you received hazardous waste during 1991.

Complete Boxes A through C for each transporter you used during the year.

**Box A:** EPA ID No. of off-site installation or transporter

Enter the 12-digit EPA ID number of the off-site installation to which you shipped hazardous waste or from which you received hazardous waste. Or, enter the EPA ID number of the transporter who shipped hazardous waste to or from your site. Each EPA ID should appear only once. If the off-site installation or transporter did not have an EPA ID number during 1991, enter "NA" in Box A.

**Box B:** Name of off-site installation or transporter

Enter the name of the off-site installation or transporter reported in Box A.

**Box C:** Site Type

Check all boxes that apply to describe the handler type of the off-site installation or transporter reported in Box A.

**Box D:** Address of off-site installation

Enter the address of the off-site installation reported in Box A. If the EPA ID number reported in Box A refers to a transporter, enter "NA" in Box D.